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JAN 22	5000 B)		-5 or <u>Fax</u>	Ale (57	xandria, Virginia 2 1)-273-2885		
NSTRUCTIONS: This for appropriate. All further corndicated unless carries and maintenance fee notification	rm slovid be used f researdence includin low or directed oth	or transmitting the ISSI of the Patent, advance of the Patent, advance of the I, by (	UE FEE and PUBLIC rders and notification a) specifying a new c	of n	ON FEE (if required). Enaintenance fees will be pondence address; and/or	Blocks 1 through 5 sl mailed to the current r (b) indicating a sepa	nould be completed where correspondence address as trate "FEE ADDRESS" for
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75	90 12/14	/2007			Certificate	of Mailing or Trans	mission
Lisa A. Bongiovi Otis Elevator Comp 10 Farm Springs		I her State addr trans	reby certify that this Fee(ses Postal Service with suf- essed to the Mail Stop smitted to the USPTO (57	s) Transmittal is being ficient postage for firs ISSUE FEE address	deposited with the United t class mail in an envelope above, or being facsimile		
Farmington, CT 06 1/24/2008 EAYALEN2 00				<u> </u>	Ana R. Rivera	7 1 5	(Depositor's name)
1 FC:1501 2 FC:1504			January 22, 20	08	(Signature)		
APPLICATION NO.	FILING DATE	00 OP	FIRST NAMED INVEN	TOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/579.005	05/11/2006	<u>L</u>	Rainer Schmidt			OT-5426	4492
TITLE OF INVENTION: D		AINING THE RISE OF			EOPLE CONVEYOR		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300		\$0	\$1740	03/14/2008
EXAMINER ART UNIT			CLASS-SUBCLASS	3			
DEUBLE, MARK A 3651			198-333000		•		
. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required.	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	an assignee is identi 37 CFR 3.11. Comp	ified below, no assignee	data will appear on t T a substitute for filing	he pa g an a	atent. If an assignee is ic		ocument has been filed for
OTIS ELEVATOR COMPANY Farmington, CT (US)							
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a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).						
. Change in Entity Status  a. Applicant claims S	MALL ENTITY statu	is. See 37 CFR 1.27.	• •	•	ger claiming SMALL EN		·• · · ·
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